

**APPLICATION FOR SOUTH CAROLINA
CONTROLLED SUBSTANCES REGISTRATION**

INSTRUCTIONS FOR COMPLETING FORM DHEC 1174A

Do not submit this page unless you answered “Yes” to question(s) in item 3 of the application, or are paying by credit card.

Item 1. BUSINESS ACTIVITY- Indicate only one.

Item 2. SCHEDULES- Indicate schedule(s) of controlled substances pertaining to your business and those that you intend to handle.

Item 3. QUESTIONS- Any applicant who answered “Yes” to questions 3. (b) or (c) is required to submit a statement explaining such response(s).
Use the space below for this purpose. If additional space is needed, use a separate sheet and **return with application.**

Explanation

**METHOD
OF PAYMENT**

Make check or money order in the amount of **\$125** payable to **DHEC Bureau of Finance**. **Fees are not refundable.**
If a credit card is used, provide information in the spaces below and, **mail this instruction page with the application to:**

**DHEC Bureau of Finance
PO Box 100103
Columbia, SC 29202-3103**

____ Visa ____ MasterCard ____ Discover

Credit Card Number

Expiration Date ____/____/____ Total Payment \$ _____

Print name as it appears on credit card

Signature of Card Holder

Mailing Address of Card Holder

Telephone Number of Card Holder

WARNING:

S.C. Code Ann. ' 44-53-390(a)(4) states that any person knowingly or intentionally furnishing false or fraudulent material information or omitting any material information from any application required to be filed, is subject to imprisonment for not more than 5 years or a fine of not more than \$10,000, or both, except that if such person is a corporation the fine shall not be more than \$100,000.



**APPLICATION FOR SOUTH CAROLINA
CONTROLLED SUBSTANCES REGISTRATION**

Mail original with fee of \$125 to:

**DHEC Bureau of Finance
PO Box 100103
Columbia, SC 29202-3103**

Name: Applicant or Business

Proposed Business Address (If using a PO Box you must also provide a street address)

Address 2

City/State/Zip

Office Use Only

Date:

Reg. No.:

Finance Use Only

REGISTRATION CLASSIFICATION

1. BUSINESS ACTIVITY: (Check one only)

☐ Practitioner ☐ Health Clinic ☐ Animal Control/Shelter
☐ Pharmacy ☐ EMS/Rescue Squad ☐ Teaching Institution

2. SCHEDULES: (Check all applicable) **Schedule II** **Schedule III** **Schedule IV** **Schedule V**
☐ Narcotic ☐ Narcotic ☐ ☐
☐ Non-Narcotic ☐ Non-Narcotic ☐ ☐

3. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

- (a) Are you currently licensed (if a practitioner) in South Carolina and is your license in good standing? ☐ Yes ☐ No
SC License Number _____ **Attach a copy of your professional license or certificate.**
If applicable, SC Board of Pharmacy Permit Number _____
- (b) Has the applicant ever been convicted of a crime in connection with controlled substances? ☐ Yes ☐ No
- (c) Has the applicant ever surrendered or had a professional license or controlled substances registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending? ☐ Yes ☐ No

Date _____ Signature of Applicant _____ Title _____

SC Business Telephone Number _____ DEA Number _____